Sheet 1

Substitute for form 1449/PTO

10596299 - GAU; 2629

Approved for use through 07/31/2006. OMB 0651-0031

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## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Co	mplete if Known
Application Number	n/a
Filing Date	n/a
First Named Inventor	Daniel Langlols
Art Unit	n/a
Examiner Name	n/a
Attornov Docket Number	00201-055

				DOCUMENTS	
Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentse or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Number-Kind Code <sup>2</sup> (FArmen)			Ligates Appear
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Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentse or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	١.
		Country Code <sup>3</sup> "Number <sup>4</sup> "Kind Code <sup>5</sup> (if known)	MM-DD-YYYY		Or Relevant Figures Appear	T⁵
		WO 0003377 A1	01-20-2000	Stijelja		
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Signature Considered 00/00/2009
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\*EXAMINES! Initial if reference considered, whether or not obtain to in conformance with MEPD 930. These line through claims if not in conformance and not considered, include copy of this form with next communication to applicant. \*Applicant\*\* using claim of set inputs in unable (principle set) less firsts Codes or applicant of the part is because the claim of the part in the part of the risk of the communication of the part of the risk of the Emperor must proced the sent in unbent of the part of the part of the part of the risk of the Emperor must proced the sent in unbent of the part o

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